# MEDICAID MEMO

TO:            All Providers in the Virginia Medical Assistance Program

FROM:        Cynthia B. Jones, Director                      MEMO:  Special
                Department of Medical Assistance Services (DMAS)
                                                                            DATE:    6/16/2016

SUBJECT:    Governor's Access Plan for Individuals with Serious Mental Illness (GAP) – Change in
                Financial Eligibility Requirements - Effective July 1, 2016

The implementation of the Governor's Access Plan (GAP) for Individuals with Serious Mental Illness required the Department of Medical Assistance Services (DMAS) to work with stakeholders and community mental health providers, primary health care providers, Magellan of Virginia, the Behavioral Health Services Administrator, and the Department of Behavioral Health and Developmental Services. These partners continue to work together to ensure a successful implementation of the program, provide outreach and training efforts to ensure that individuals know about the program, and that providers are supported while offering the care GAP members need. To date, we have insured over 8,000 Virginians, giving them access to needed medical and behavioral health providers to assist them with becoming healthier Virginians.

During Virginia's 2016 legislative session, members of the House and Senate came together during the budget conference process and agreed upon a proposal to increase the income eligibility limits for GAP from 60% to 80%.  That was ultimately approved by both chambers of the legislature and sent to the Governor for his signature. As an action of the Virginia legislature, this process was public and received both formal and informal participation and monitoring by advocates, stakeholders, and state staff. Many advocates in Virginia voiced their approval of the decision to open program eligibility requirements.

To that end, DMAS submitted a waiver amendment request to the Centers for Medicare and Medicaid Services (CMS) to increase the income eligibility limits for household income from 60% (with an additional 5% disregard) of the federal poverty level to 80% (with an additional 5% disregard) of the federal poverty level. This request was posted for public comment and DMAS received no comments from the public.

This change will be reflected in the updated GAP supplemental manual, as well as the GAP eligibility and renewal training, which is available on Magellan of Virginia's Provider page and DMAS' web portal.

This change in eligibility goes into effect July 1, 2016. All other aspects of the GAP program remain the same. The GAP eligibility application process with Cover Virginia remains the same.   For more information on the GAP program and how individuals apply, go to **www.gap-va.org**  (Cover Virginia's website), call Cover Virginia at 1-855-869-8190, call Magellan of Virginia at 1-800-424-GAP9, or email BridgetheGAP@dmas.virginia.gov.

## COMMONWEALTH COORDINATED CARE
Commonwealth Coordinated Care (CCC) is a managed care program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

## MANAGED CARE PROGRAMS
Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

> ➢ Medallion 3.0: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
> ➢ Commonwealth Coordinated Care (CCC): http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
> ➢ Program of All-Inclusive Care for the Elderly (PACE):
>   http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf

## VIRGINIA MEDICAID WEB PORTAL
DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

## KEPRO PROVIDER PORTAL
Providers may access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

## "HELPLINE"
The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

| | |
|---|---|
| 1-804-786-6273 | Richmond area and out-of-state long distance |
| 1-800-552-8627 | All other areas (in-state, toll-free long distance) |

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.